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CHANGE OF CORRESPONDENCE ADDRESS**

|                        |            |
|------------------------|------------|
| Application Number     | 09/884,131 |
| Filing Date            | 06/30/2001 |
| First Named Inventor   | STALLWORTH |
| Art Unit               | 2611       |
| Examiner Name          | SHELEHEDA  |
| Attorney Docket Number | BS 00052   |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:38516

OR

|  |                         |       |                          |
|--|-------------------------|-------|--------------------------|
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Scott P. Zimmerman

Date

05/07/08

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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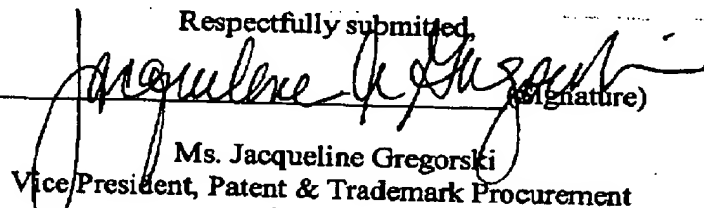
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